

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number

[ ] PETITIONER/[ ] RESPONDENT PRO SE

MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT  
\_\_\_\_\_ COUNTY

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Respondent.</p>	<p>Cause No.: _____</p> <p><input type="checkbox"/> Petitioner's/<input type="checkbox"/> Respondent's <input type="checkbox"/> Preliminary/<input type="checkbox"/> Final <b>Declaration of Disclosure of Assets, Debts, Income, and Expenses</b></p>
--	--

**Warning: Montana law, M.C.A. § 40-4-252, requires the full disclosure of all assets, debts, income, and expenses. Failure of either party to file a complete financial disclosure statement shall authorize the Court to accept the statement of the other party as accurate. Any deliberately false statement made hereon or on any schedules or attachments may subject you to the penalty of perjury or other appropriate relief and may be considered a fraud upon the Court.**

*If you need additional space on which to list your assets, debts, income, or expenses, please attach additional sheets of paper as necessary. Do not write in the margins or on the reverse sides of the pages of this document.*

**1. Disclosure of Assets**

**a. Real Estate**

<u>Description</u>	<u>Estimated Value</u>	<u>Name(s) on Title</u>
Address: _____ Legal Description: _____ _____ Is there a secured debt on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount owed: _____ As of: ___ / ___ / ___ Lender: _____		
Address: _____ Legal Description: _____ _____ Is there a secured debt on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount owed: _____ As of: ___ / ___ / ___ Lender: _____		

**b. Vehicle(s)**

<u>Description</u>	<u>Estimated Value</u>	<u>Name(s) on Title</u>
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount owed: _____ As of: ___ / ___ / ___ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount owed: _____ As of: ___ / ___ / ___ Lender: _____		

<u>Description</u>	<u>Estimated Value</u>	<u>Name(s) on Title</u>
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount owed: _____ As of: ___ / ___ / ___ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount owed: _____ As of: ___ / ___ / ___ Lender: _____		

**c. Bank Accounts and Cash**

<u>Description</u> (include name of bank and account number)	<u>Balance as of</u> ___ / ___ / ___	<u>Name(s) on Account</u>
Cash		XXXXXXXXXX

**d. Pensions/Retirement Accounts; Life Insurance (Cash Value); Stocks, Bonds, Secured Notes, Mutual Funds**

<u>Description</u>	<u>Estimated Value</u>	<u>Name(s) on Account</u>

**e. Personal Property (including appliances, furniture, jewelry, art, guns, etc.)**



<u>Description</u>	<u>Estimated Value</u>	<u>Name(s) on Title</u>

**g. Other Assets**

<u>Description</u>	<u>Estimated Value</u>	<u>Name(s) on Title</u>

**2. Disclosure of Debts**

<u>Description</u>	<u>Creditor</u>	<u>Amount Owed</u>	<u>Name on Debt</u>
<i>Secured Debt on Real Property</i>	<i>(See 1(a) above)</i>	<i>XXXXX</i>	<i>XXXXXXXXXX</i>
<i>Vehicle Loan(s)</i>	<i>(See 1(b) above)</i>	<i>XXXXX</i>	<i>XXXXXXXXXX</i>
Utility Bill(s):			

<u>Description</u>	<u>Creditor</u>	<u>Amount Owed</u>	<u>Name on Debt</u>
Credit Card(s):			
Student Loan(s):			
Medical Expenses:			
Other Liabilities:			

**3. Disclosure of Income**

The [ ]Petitioner/ [ ]Respondent has the following income:

<u>Source of Income</u>	<u>Amount per Month</u>
Gross Wages, Salary, Commissions	
Rents, Interests, Dividends	
Self Employment Earnings	
Unemployment or Worker's Compensation	
Social Security Benefits, including SSI	
Public Assistance	
Food Stamps	
Pension, Retirement	

<u>Source of Income</u>	<u>Amount per Month</u>
Child Support	
Dependent's Benefits	
Other Income ( <i>describe</i> ):	

**4. Disclosure of Expenses**

The  Petitioner/ Respondent has the following expenses:

<u>Description of Expense</u>	<u>Amount per Month</u>
Taxes and other money withheld from income	
Retirement	
Health Insurance (self and children)	
Medical Expenses	
Housing (rent or mortgage payment)	
Property Taxes	
Property Insurance	
Transportation	
Car Insurance	
Student Loans	
Utilities	
Telephone	
Clothing	
Food and Household Supplies	
Child Care	
Child Support Payments	

Description of Expense	Amount per Month
Other Expenses ( <i>describe</i> ):	

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

[ ]Petitioner/ [ ]Respondent Pro Se

STATE OF MONTANA                    )  
  ) ss.  
COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_.

(Seal)

\_\_\_\_\_  
Name (*printed*): \_\_\_\_\_  
Notary Public for the State of Montana  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_